## Case 2:15-bk-50375 Doc 32 Filed 06/12/15 Entered 06/12/15 12:59:20 Desc Main Document Page 1 of 4

Fill	in this information to identify your o	ase:								
Del	otor 1 Anthony D.	Montell								
_	otor 2 puse, if filing)				_					
Uni	ted States Bankruptcy Court for the	e: SOUTHERN DISTRIC	CT OF OHIO							
Cas	se number 2:15-bk-50375					Check	c if this is:			
(If kr	nown)		-			■ Ar	n amende	d filing		
									g post-petitio ollowing date:	•
0	fficial Form B 6I					$\overline{M}$	M / DD/ Y	YYY		
S	chedule I: Your Inc	ome								12/13
atta	use. If you are separated and you ch a separate sheet to this form.  It 1: Describe Employment  Fill in your employment		onal pages, write yo				mber (if	known). A	nswer every	
	information.		Debtor 1				Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>				☐ Empl	•		
	employers.	Occupation	Crash Test Tec	hnician						
	Include part-time, seasonal, or self-employed work.	Employer's name	Aerotek Comm	ercial S	taffi	ng				
	Occupation may include student or homemaker, if it applies.	Employer's address	7301 Parkway Drive Hanover, MD 21076							
		How long employed t	here? 10 mor	nths			_			
Pai	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	report for	any	line, write	\$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing spouse have m e space, attach a separate sheet to		ombine the information	on for all e	emplo	oyers for t	hat perso	n on the li	nes below. If	you need
						For Deb	tor 1		btor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,	820.00	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$		0.00	+\$	N/A	1
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	4.82	0.00	\$	N/A	

Debt	or 1 -	Anthony D. Montell	•	Case r	number (if known)	2:15-bk-	50375	
				For	Debtor 1	For Deb		
	Сор	y line 4 here	4.	\$	4,820.00	\$	g spouse N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,114.59	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A	
	5e.	Insurance	5e.	\$	460.72	\$	N/A	
	5f.	Domestic support obligations Union dues	5f.	\$	0.00	ф	N/A	
	5g. 5h.	Other deductions. Specify:	5g. 5h.+	\$ 	0.00	+ \$	N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<b>-</b> 6.	\$	1,575.31	\$	N/A	
7.		ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 	3,244.69	\$	N/A	
8.		all other income regularly received:		Ψ	3,244.09	Ψ	IV/A	
о.	8a.	Net income regularly received.  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA Disability	8f.	\$	454.93	\$	N/A	
	8g.	Pension or retirement income	8g.	<u>*</u> —	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	8h.+	\$		+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	454.93	\$	N/A	
4.0						·		
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.   \$_	- 3	<b>3,699.62</b> + \$_	N.	<u>/A</u> = \$3	,699.62
			. 느					
11.	Inclu other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your r friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not a cify:	depend		•	ed in <i>Sche</i> d	dule J. 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certaines				a, if it		,699.62
							Combined monthly in	
13.	Do y	ou expect an increase or decrease within the year after you file this form?	?					-
		No.						
		Yes. Explain:						

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						•						
Fill	in this informa	tion to identify yo	our case:									
Deb	otor 1	Anthony D. I	Montell		_	Ch	eck if thi					
<u>.</u>								nended filing				
Debtor 2 (Spouse, if filing)							A supplement showing post-petition chapter 13 expenses as of the following date:					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO							MM /	DD / YYYY				
Case number (If known) 2:15-bk-50375									r Debtor 2 because rate household	Debto		
(								·				
0	fficial Fo	rm B 6J	_									
		J: Your								12/1		
info	ormation. If m mber (if know rt 1: Descr	ore space is ne n). Answer ever ibe Your House	eded, atta y question	If two married people ar ch another sheet to this 1.								
1.	Is this a joir											
	■ No. Go to	o line 2. es Debtor 2 live i	in a senar:	ate household?								
	□ res. <b>Doe</b>		iii a sepaid	ate flousefloid:								
	=	-	st file a sep	parate Schedule J.								
2.	Do you have	e dependents?	□ No									
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor	endent's relationship to or 1 or Debtor 2		ependent's je	Does dependent live with you?			
	Do not state the dependents' names.			Son			1	□ No ■ Yes				
					Son		14		□ No ■ Yes			
									□ No			
									☐ Yes			
									□ No □ Yes			
3.	expenses of	penses include f people other to d your depende	<sup>han</sup> ⊓	No Yes					<b>=</b> 100			
exp	timate your ex		our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp								
the		h assistance an		government assistance it luded it on <i>Schedule I: Y</i>				Your expe	enses			
4.	The rental or home ownership expenses for your residence. Include first more payments and any rent for the ground or lot.				nclude first mortgage		\$		1,288.00			
	If not includ	led in line 4:										
		estate taxes				4a.	\$		0.00			
		rty, homeowner's	s, or renter	's insurance		4b.			0.00			
	4c. Home	maintenance, re	epair, and u	ıpkeep expenses		4c.	\$		0.00			
_		owner's associat				4d.	·		0.00			
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5.	Ф		0.00			

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Anthony D. Montell	Case num	ber (if known)	2:15-bk-50375
. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	212.00
6b. Water, sewer, garbage collection	6b.	\$	23.62
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	166.00
6d. Other Specify: Internet & Cable	6d.	\$	40.00
Food and housekeeping supplies	<del></del> 7.	· —	646.00
Childcare and children's education costs	8.	\$	115.00
Clothing, laundry, and dry cleaning	9.	\$	50.00
Clothing, laundry, and dry cleaning  Description: Personal care products and services	10.	\$	0.00
. Medical and dental expenses	11.	\$	50.00
Transportation. Include gas, maintenance, bus or train fare.		<u> </u>	30.00
Do not include car payments.	12.	\$	200.00
Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	67.00
Charitable contributions and religious donations	14.	\$	50.00
5. Insurance.		· <del></del>	
Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	92.00
15d. Other insurance. Specify:	15d.	\$	0.00
5. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	 16.	\$	0.00
7. Installment or lease payments:		·	0.00
17a. Car payments for Vehicle 1	17a.	\$	0.00
17b. Car payments for Vehicle 2	17b.	·	0.00
17a Other Charles	17c.	·	0.00
17d. Other. Specify:	17d.		0.00
Your payments of alimony, maintenance, and support that you did not report as		·	400.00
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	10.	·	
Other payments you make to support others who do not live with you.	40	\$	0.00
Specify:	19.		
20a. Mortgages on other property	20a.		0.00
20b. Real estate taxes	20b.		0.00
20c. Property, homeowner's, or renter's insurance	20b. 20c.		0.00
20d. Maintenance, repair, and upkeep expenses	20d.		
20e. Homeowner's association or condominium dues	20a. 20e.	·	0.00
	206.		0.00
Other: Specify:		+\$	0.00
Your monthly expenses. Add lines 4 through 21.	22.	\$	3,399.62
The result is your monthly expenses.		-	
Calculate your monthly net income.			
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,699.62
23b. Copy your monthly expenses from line 22 above.	23b.	-\$	3,399.62
			-,
23c. Subtract your monthly expenses from your monthly income.			202.00
The result is your monthly net income.	23c.	\$	300.00
4. D	(1)	f = 0	
<ol><li>Do you expect an increase or decrease in your expenses within the year after yo For example, do you expect to finish paying for your car loan within the year or do you expect you</li></ol>			ease or decrease because
modification to the terms of your mortgage?			
■ No.			
☐ Yes.			
Explain:			